

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M. G.		1/20/00
O.I.P.E. CLASSIFIER		16	2700
FORMALITY REVIEW		(06) 85	2-11-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	13	
2	✓	16	
3	✓	17	
4	✓	18	
5	✓	19	
6	✓	20	
7	✓	21	
8	✓	22	
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30	✓	44	
31	✓	45	
32	✓	46	
33	✓	47	
34	✓	48	
35	✓	49	
36	✓	50	

Claim	Final	Original	Date
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Claim	Final	Original	Date
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AVAILABLE COPY

If more than 150 claims or 10 actions  
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